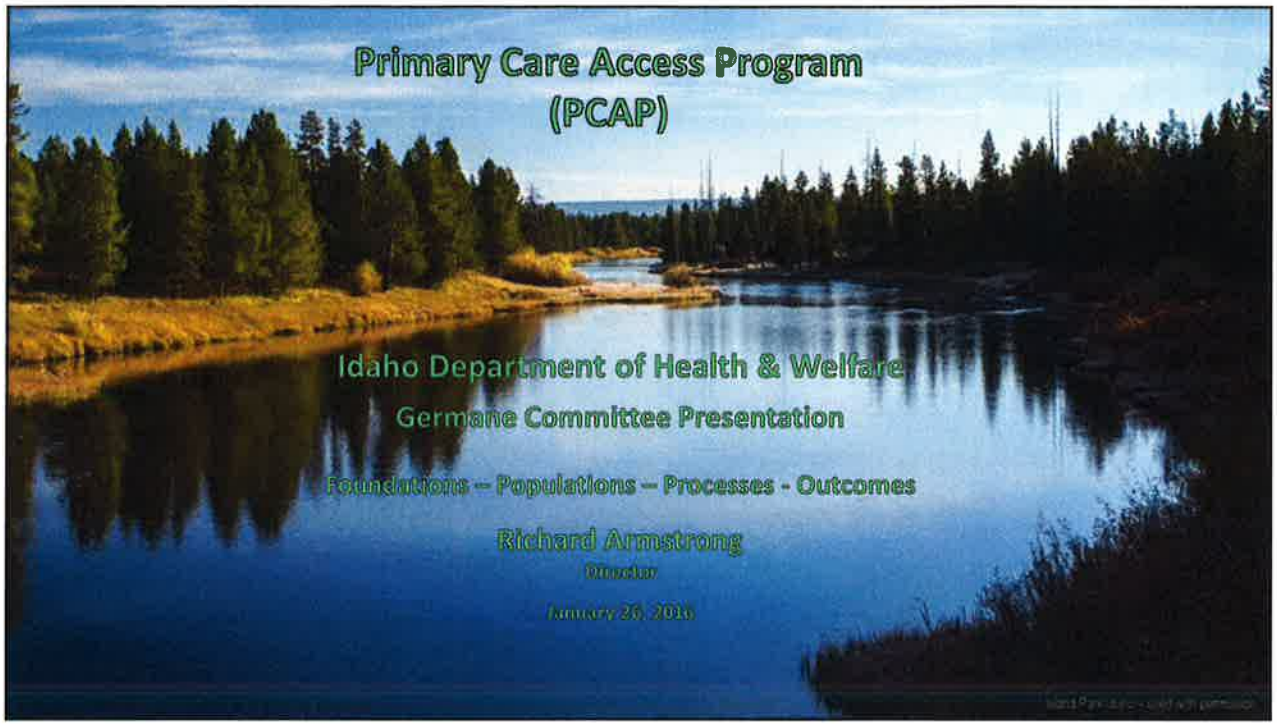
SENATE HEALTH & WELFARE COMMITTEE
Tuesday, January 26, 2016

ATTACHMENT 1



Primary Care Access Program (PCAP) Overview

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BUILDING ON OUR FOUNDATION & STRENGTHS
- Patient-centered Medical Home Model
- Community Health Centers
- SHIP, Medicaid Building Capacity

2

PEOPLE IN THE GAP
- Federal Poverty Level Income
- Family/Employment Demographics
- Healthcare Access

3

PCAP EXPERIENCED BY THE PARTICIPANT

Eligibility Functions
- Application
- Verification
- Eligibility
- Medical Home Assignment

4

Health Clinic Services
- Outreach
- Patient Assessment
- Patient Care Plan
- Clinic Services
- Pharmacy & Behavioral Health
- Ongoing Care Management

5

VALUE & OUTCOMES
- Access to Services
- Active Management
- Healthier Population
- Avoided Costs
- Examples

PCAP: Building on Existing Foundations and Strengths

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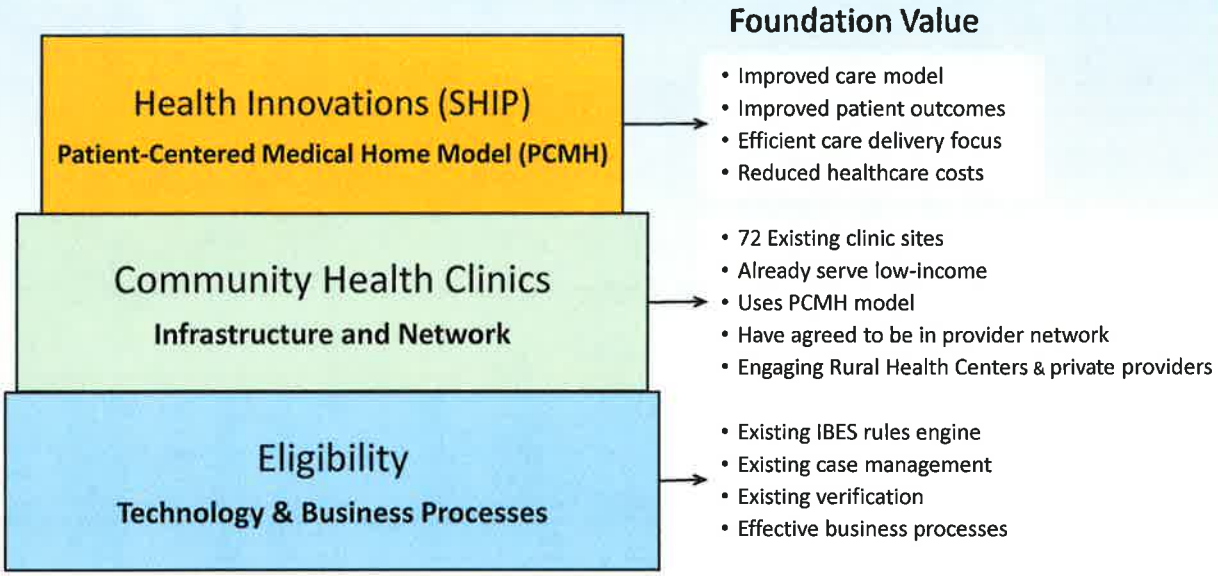

Target Population: People in the Gap

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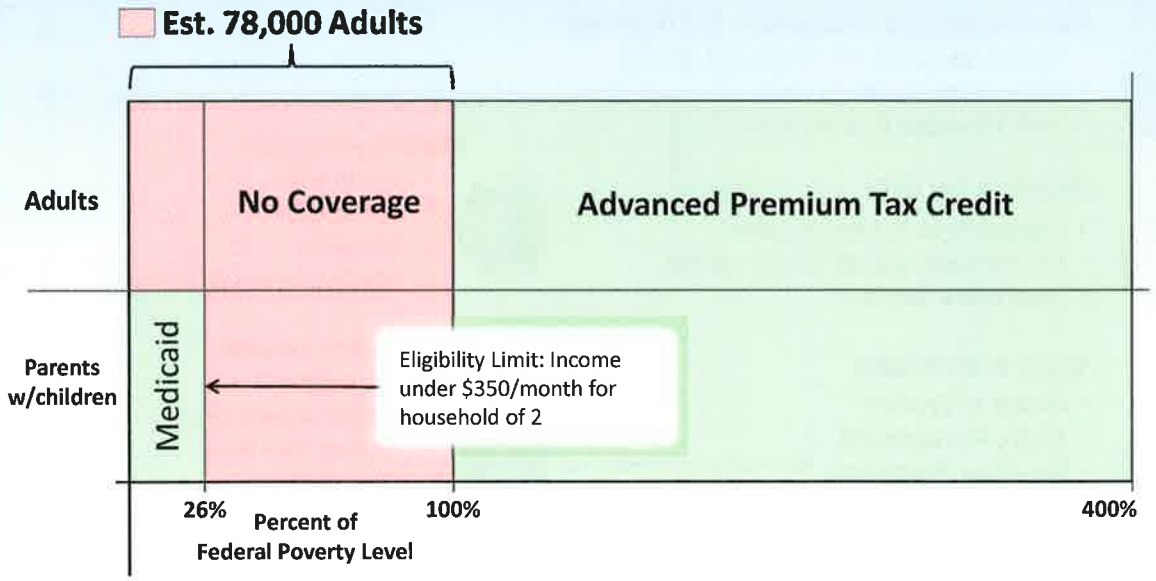

Gap Population: Where do They Live?

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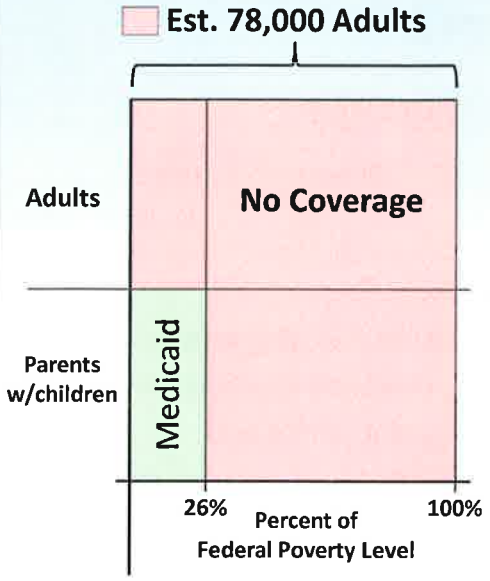

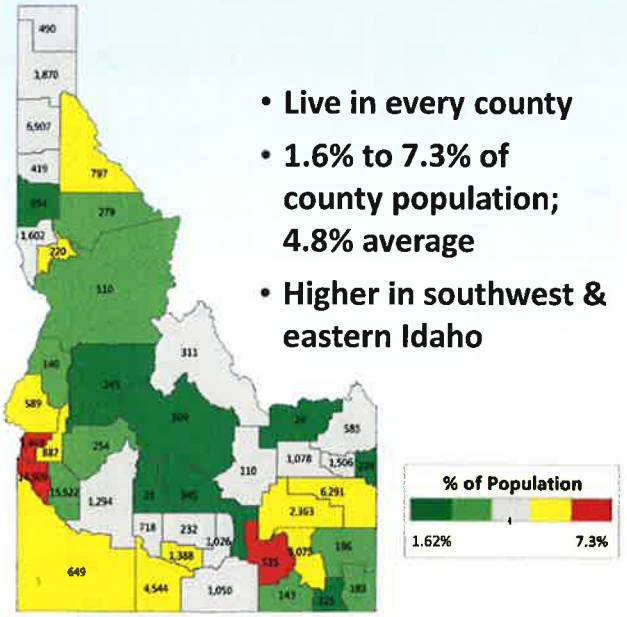

- Live in every county
- 1.6% to 7.3% of county population; 4.8% average
- Higher in southwest & eastern Idaho

Gap Population: Demographics

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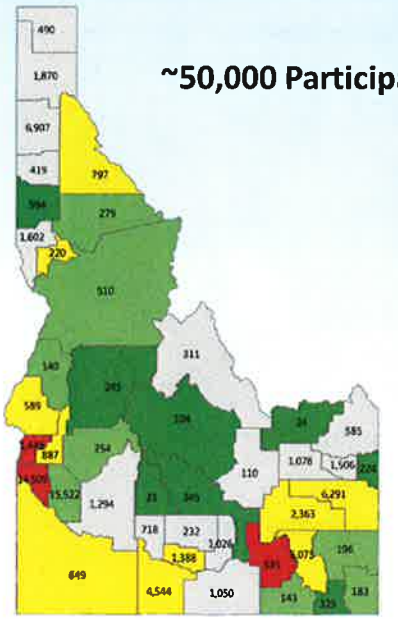

~50,000 Participants known in Idaho Benefit Eligibility System (IBES)

- 55% are female; 45% male
- 84% between ages 18-50; 16% are older than 50
- 65% live in households with at least one child
  (Child usually in Medicaid; parents stuck in the Gap)
- 25% are a household of one, 17% with two , and 58% in households with 3 or more

Gap Population: Demographics

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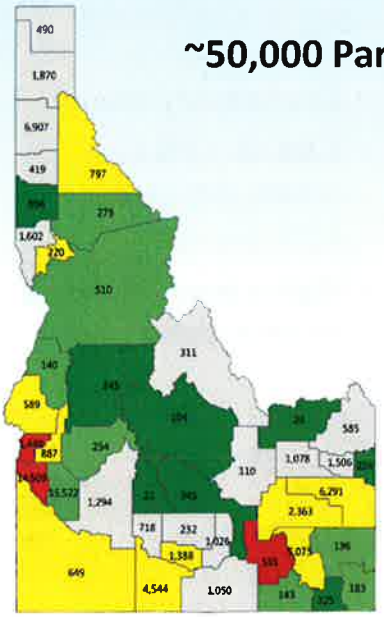

~50,000 Participants known in IBES

77% have household income

- 65% are in a household with earned income
- Typical jobs include:
  - Food service workers
  - Laborers in construction, farming and forestry
  - Home health aides, childcare workers, retail sales
  - Transportation, janitorial, office and administrative support
- Other income often includes Social Security, child support, pensions

Gap Population: Current Health Demographics

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- Uninsured, low-income adults are under-served by medical system
  - Poor uninsured create bad debt, driving up costs for everyone
  - Private providers reluctant to serve
- Gap folks access care through:
  - Hospital emergency departments
  - Community Health Centers
  - Rural Health Clinics
  - Charity care
  - Indigent healthcare programs
  - Catastrophic healthcare programs

- Gap adults access episodic care, frequently waiting until conditions escalate, resulting in the most expensive and least effective care
  - No preventive plan
  - No treatment plan
  - No chronic condition management
  - No care coordination

Gap Population: Higher Incidence of Chronic Diseases

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Poverty's Impact on Chronic Disease Prevalence			
Chronic Condition	In Poverty	Not In Poverty	Difference
Depression	30.9%	15.8%	>95%
Asthma	17.1%	11.0%	>55%
Obesity	31.8%	26.0%	>22%
Diabetes	14.8%	10.1%	>46%
High Blood Pressure	31.8%	29.1%	>9%
Heart Attack	5.8%	3.8%	>52%

Gallup-Healthways Well-Being Index: 2012 Report

- Prevalence of chronic conditions for adults 45-64 is more than twice as high among those in poverty
- Men with incomes > 400% poverty live an average of 8 years longer than men in poverty
- Other factors contributing to poor health outcomes for adults in poverty
  - Substandard housing
  - Food insecurity
  - Lower level of education
  - Risky behaviors

Gap Population: Not a Static Population

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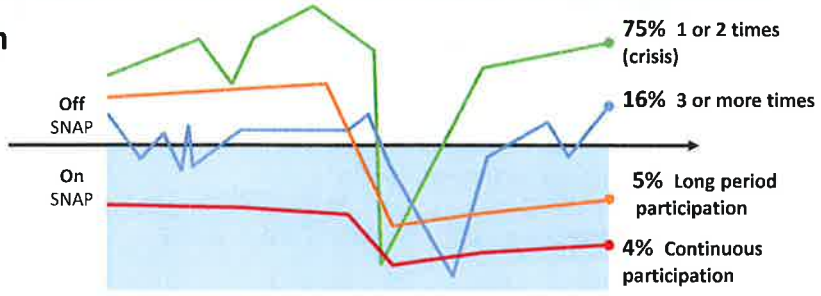
- Income fluctuates with job changes, employment loss, family changes, insurance opportunities
- Participants are expected to move on and off PCAP program as circumstances change and health issues are stabilized
- Data from SNAP illustrate the dynamic changes to individual participation: month to month the participant count may change little but the individuals churn on and off services continuously

575,000 People received SNAP Benefits during the past 6 years



The Primary Care Access Program 9 Step Process

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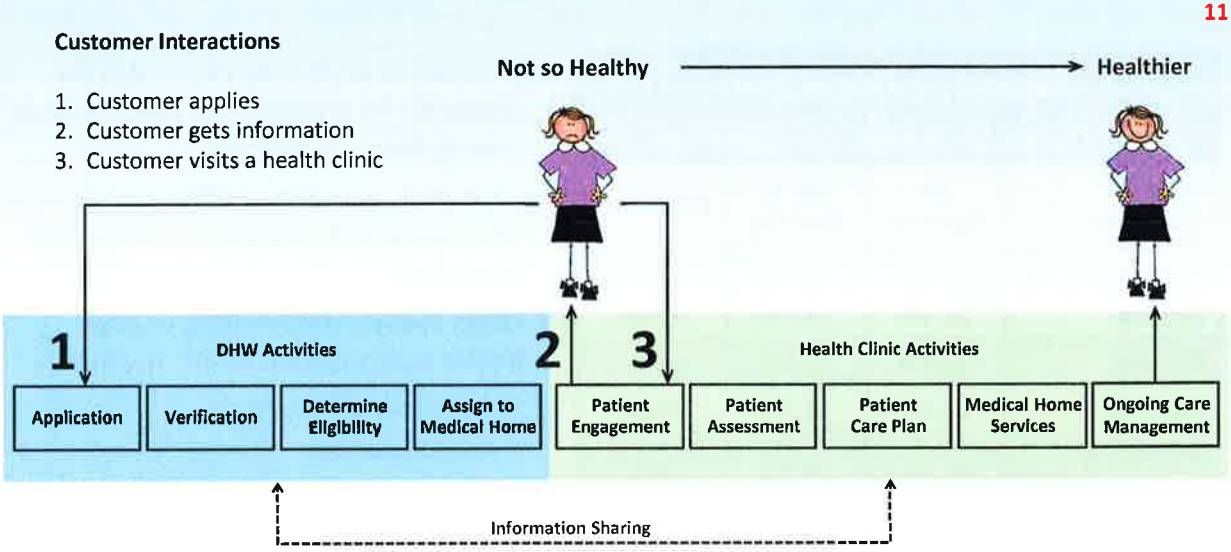
Customer Interactions

1. Customer applies
2. Customer gets information
3. Customer visits a health clinic



The PCAP Process: Step 1 - Application

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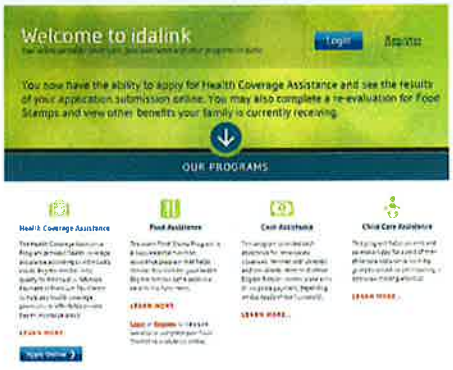
Application | Verification | Determine Eligibility | Assign to Medical Home | Patient Engagement | Patient Assessment | Patient Care Plan | Medical Home Services | Ongoing Care Management

- **Completed by the individual or by someone acting on their behalf**
- **Healthcare Coverage applications will also consider Medicaid and APTC**
- **Applications can be submitted in many venues:**
  - **Online 24/7 at DHW's idalink site or Your Health Idaho**
  - **By phone during DHW office hours**
  - **In person at 19 DHW state offices statewide**
  - **Paper applications by mail, email or FAX**
  - **Enrollment assistors at CHCs**
- **Average processing time is less than 5 days**



The PCAP Process: Step 2 - Verification

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Application | **Verification** | Determine Eligibility | Assign to Medical Home | Patient Engagement | Patient Assessment | Patient Care Plan | Medical Home Services | Ongoing Care Management

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PCAP will verify individual circumstances for eligibility

- **Identity** ✓
- **Residence** ✓
- **Income** ✓
- **Citizenship** ✓
- **Other Insurance** ✓
- **Household** ✓

The PCAP Process: Step 3 Determine Eligibility

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Application | Verification | **Determine Eligibility** | Assign to Medical Home | Patient Engagement | Patient Assessment | Patient Care Plan | Medical Home Services | Ongoing Care Management

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- **Adults 19-64 years old with no access to health insurance coverage**
- **Income below 100% federal poverty: $ 981/m for 1; $ 1,328/m for 2**
- **Must be U.S. citizen or legal resident who meets 5-year requirement**
- **Individuals move to appropriate coverage based on circumstances**
  Eligibility testing will move individuals to Medicaid or APTC as warranted
- **Eligibility starts in the month of application**
- **Up to 12 month certifications aligned with other Health Coverage programs**
- **Individuals must contribute to healthcare costs**
- **Individuals must engage in their treatment plans for prevention/treatment**

The PCAP Process: Step 4 Assign to Medical Home

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Application	Verification	Determine Eligibility	**Assign to Medical Home**	Patient Engagement	Patient Assessment	Patient Care Plan	Medical Home Services	Ongoing Care Management

- Geo coding will be used for medical home assignments
- Participant notified of clinic assignment; participant can change to a preferred location
- Provider notified of participant assignment; automatically assumes responsibility to provide PCMH services to individual
- 24x7 database delivers real-time eligibility status to all providers

The PCAP Process: Step 5 – Patient Engagement

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Application	Verification	Determine Eligibility	Assign to Medical Home	**Patient Engagement**	Patient Assessment	Patient Care Plan	Medical Home Services	Ongoing Care Management

- Provider pro-actively contacts and welcomes participant to PCMH via phone, email or letter
- Provider explains:
  - PCMH model of care, health assessment process, care plan
  - Participant responsibilities include paying share of costs, active participation in both assessment and care plans
  - Next steps

The PCAP Process: Step 6 – Patient Assessment

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Application | Verification | Determine Eligibility | Assign to Medical Home | Patient Engagement | **Patient Assessment** | Patient Care Plan | Medical Home Services | Ongoing Care Management

- Practice contacts patient after patient is assigned to their medical home
- Initial assessment is completed over telephone or in-person with clinic staff to assess current health status
- Assessment results indicate patient's current health status and ongoing level of care needed
- Patient/practice arrange office visit to develop care plan

The PCAP Process: Step 7 - Patient Care Plan

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Application | Verification | Determine Eligibility | Assign to Medical Home | Patient Engagement | Patient Assessment | **Patient Care Plan** | Medical Home Services | Ongoing Care Management

Patient Assessment results used to develop Patient Care Plan

- **Healthy individual:**
  Basic preventive care, guidance for self-care and education about how to access appropriate care when needed

- **Individual w/some concerning issues:**
  Meets with provider to develop care plan, access needed medications, and agree to actively participate in self-care

- **Individual with one or more chronic conditions:**
  Meets with provider to develop care plan, regular monitoring by PCMH, agree to actively participate in care plan

The PCAP Process: Step 8 – Medical Home Services

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Application | Verification | Determine Eligibility | Assign to Medical Home | Patient Engagement | Patient Assessment | Patient Care Plan | **Medical Home Services** | Ongoing Care Management

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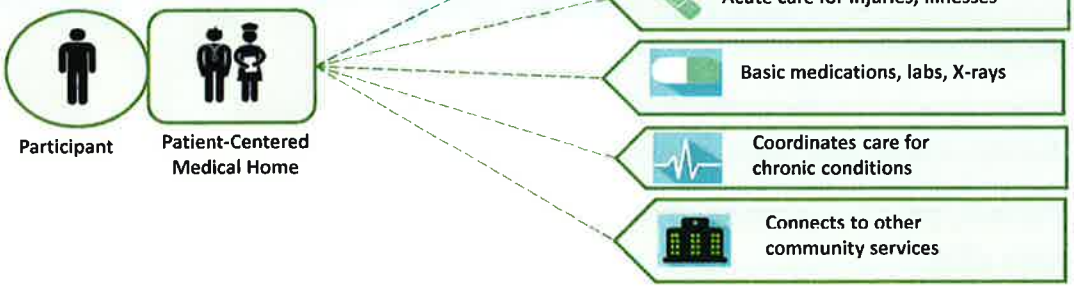
The primary care provider is responsible for a patient's basic preventive, physical and mental health needs



The PCAP Process: Step 8 – Medical Home Services

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Application | Verification | Determine Eligibility | Assign to Medical Home | Patient Engagement | Patient Assessment | Patient Care Plan | **Medical Home Services** | Ongoing Care Management

RX

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PCAP provides access to prescriptions, often at deeply discounted pricing

- CHCs either have an on-site pharmacy or contract with a local pharmacy to provide discounted medications
- The community health centers presently have access to comprehensive out-patient formulary at very low costs
- Examples:
  - Diabetes medication: Average wholesale price is $484; PCAP participant pays $17.16
  - Asthma inhaler: AWP is $85.39; PCAP participant pays $17.08

The PCAP Process: Step 8 – Medical Home Services

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Application | Verification | Determine Eligibility | Assign to Medical Home | Patient Engagement | Patient Assessment | Patient Care Plan | **Medical Home Services** | Ongoing Care Management

→ Behavioral Health

Office-based Behavioral Health

- Community Health Centers care for individuals with behavioral health issues that can be managed in a primary care setting
- Presently 22% of their patients have behavioral health issues
- All participating PCAP providers will be expected to provide behavioral health services on-site and connect patients with more serious conditions to community resources
- Individuals with more serious behavioral health issues may also be referred to, and served in partnership with, the local DHW Behavioral Health Office

The PCAP Process: Step 9 - Ongoing Case Management

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Application | Verification | Determine Eligibility | Assign to Medical Home | Patient Engagement | Patient Assessment | Patient Care Plan | Medical Home Services | **Ongoing Care Management**

- Amount of ongoing care management depends on participant's health status and care plan
- Individuals in good health may not need regular monitoring, but will require periodic check-in to ensure their health status has not changed
- Participants with one or more chronic conditions may need to:
  - Report regularly to clinic regarding health indicators such as weight, blood sugar levels, blood pressure readings
  - Participate in group visits/classes with other individuals with similar conditions, such as health education class for diabetics

Outcomes: Tracking & Reporting

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Application | Verification | Determine Eligibility | Assign to Medical Home | Patient Engagement | Patient Assessment | Patient Care Plan | Medical Home Services | Ongoing Care Management

Providers are required to track patient care and outcomes

- Service utilization by participants:
  - Successful engagement
  - Breakdown of health status of participants
  - Percentage adhering to care plan
- Clinical measures for participants:
  - Aggregate data on participants with chronic conditions
  - Percentage of chronic conditions under control, etc.
- Data will be reported to Legislature for program evaluation

Value for Taxpayers

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Application | Verification | Determine Eligibility | Assign to Medical Home | Patient Engagement | Patient Assessment | Patient Care Plan | Medical Home Services | Ongoing Care Management

Possible impact on County/State Indigent Costs

SFY 2015 State and County Indigent/CAT Caseloads	
Total Served: 3,680 People	Total Amount Paid: $36.3 M.

Possible PCAP Covered Services in 2015 Caseloads		
Diagnosis	People Served	Amount Paid
Mental Illness	1,594	$5.8 M.
Coronary	278	$6.4 M.
Chronic Disease	129	$2.4 M.
Respiratory	97	$2.1 M.
Infectious Disease	15	$170,000
Total	**2,113**	**$16.8 M.**

Medical reviews in CAT program identify specific preventable hospitalization cases

1. 61-year-old obese male w/history of edema, diabetes, etc. Hospital charge = $191,382.
2. 42-year-old female, hospitalized for foot abscess due to undiagnosed diabetes. Lack of regular care – Hospital charge = $70,353
3. 41-year-old uninsured male with history of hypertension and sleep apnea – had undiagnosed diabetes - hospital charge = $96,182

Value Provided by PCAP Services

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Application | Verification | Determine Eligibility | Assign to Medical Home | Patient Engagement | Patient Assessment | Patient Care Plan | Medical Home Services | Ongoing Care Management

The Primary Care Access Program provides:

- **Patient Engagement**
  - Pro-active participant contacts and expected participant engagement
  - Education for appropriate health care system use
  - Education for emergency vs medical home use
- **Patient Assessment**
  - Identify individuals with emerging or chronic health conditions manageable in a medical home setting
- **Patient Care Plan**
  - Develops appropriate care and preventive plans
  - Engages the individual with a long term view of their own health
- **Ongoing Care Management**
  - Special focus on those with chronic conditions

Value to Communities

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Application | Verification | Determine Eligibility | Assign to Medical Home | Patient Engagement | Patient Assessment | Patient Care Plan | Medical Home Services | Ongoing Care Management

Live Better Idaho
Discover. Connect. Empower.
www.LiveBetterIdaho.org

- **Healthier, more productive workforce**
- **Lower healthcare costs for non-Gap Idaho citizens**
- **Utilizes current medical infrastructure and state systems to reduce costs**
- **Engages the Gap group in regular medical care that Idaho can use to build on for the future if there is consensus to improve program**
- **Other community resources can empower people in poverty to improve their lives: Work training, nutrition education, housing, etc.**

PCAP is NOT an Entitlement Program

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- Enrollment is subject to available funding: If funding does not support demand, a waiting list will be created and used
- Participants must pay share of costs and be invested in their care plan, or they can be disenrolled
- Eligibility criteria can be adjusted to improve program performance or administrative efficiency
- Annual utilization and clinical quality report allows legislators and stakeholders to regularly review program results and monitor effectiveness
- 5-year automatic sunset clause if performance outcomes are not achieved or state wants to change program

PCAP: Next Steps

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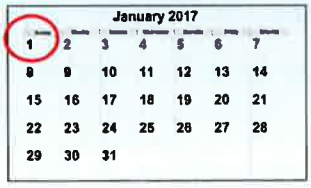
If Approved



Start Date
Jan. 1, 2017

- Programming PCAP Rules and Verification in IBES begins after SNAP multi-day issuance launches on July 1, 2016
- Modifying business processes and hiring and training new staff starting on July 1, 2016 to support startup efforts between July and December 2016
- Coordinating PCAP eligibility with current insurance exchange open enrollment, which begins October 2016, for administrative efficiencies and reduced state costs
- Allowing CHCs and other providers to evaluate demand so they can expand staff and administrative capacity/training to provide for projected enrollees

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QUESTIONS?